

**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/599,765
Filing Date	
First Named Inventor	Bushby, Roger Stanley
Title	LIQUID PRESSURE FORMING
Art Unit	
Examiner Name	
Attorney Docket Number	081193-000000US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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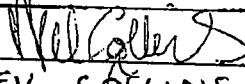
digluby@townsend.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	14/11/06
Name	NEIL COLLINS	Telephone	
Title and Company	CHIEF EXECUTIVE, COMPOSITE METAL TECHNOLOGY LTD.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.
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